



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2004 Rate Codes - Eval & Mgmt

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Applicable FARS/DFARS apply.*

PROC	DESCRIPTION	NON FAC RATE 2004	FAC RATE 2004	EFF DATE
99201	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	\$35.87	\$30.91	01-May-2004
99202	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	\$64.15	\$57.28	01-May-2004
99203	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	\$95.36	\$85.87	01-May-2004
99204	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	\$134.70	\$123.01	01-May-2004
99205	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	\$171.12	\$158.70	01-May-2004
99211	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES	\$21.00	\$16.18	01-May-2004
99212	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES	\$37.33	\$31.78	01-May-2004
99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES	\$52.21	\$45.49	01-May-2004
99214	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES	\$81.45	\$71.95	01-May-2004
99215	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES	\$118.27	\$108.20	01-May-2004
99217	OBSERVATION CARE DISCHARGE DAY MANAGEMENT (THIS CODE IS TO BE UTILIZED BY T	\$69.59	\$69.59	01-May-2004
99218	INITIAL OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P	\$65.94	\$65.94	01-May-2004
99219	INITIAL OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P	\$110.26	\$110.26	01-May-2004
99220	INITIAL OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P	\$154.54	\$154.54	01-May-2004



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PROC	DESCRIPTION	NON FAC RATE 2004	FAC RATE 2004	EFF DATE
99221	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATI	\$66.67	\$66.67	01-May-2004
99222	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATI	\$110.99	\$110.99	01-May-2004
99223	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATI	\$154.50	\$154.50	01-May-2004
99231	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P	\$33.11	\$33.11	01-May-2004
99232	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P	\$54.72	\$54.72	01-May-2004
99233	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P	\$77.81	\$77.81	01-May-2004
99234	OBSERVATION OR INPATIENT HOSPITAL CARE, FOR THE EVALUATION AND MANAGEMENT O	\$137.39	\$137.39	01-May-2004
99235	OBSERVATION OR INPATIENT HOSPITAL CARE, FOR THE EVALUATION AND MANAGEMENT O	\$180.94	\$180.94	01-May-2004
99236	OBSERVATION OR INPATIENT HOSPITAL CARE, FOR THE EVALUATION AND MANAGEMENT O	\$225.66	\$225.66	01-May-2004
99238	HOSPITAL DISCHARGE DAY MANAGEMENT; 30 MINUTES OR LESS	\$69.55	\$69.55	01-May-2004
99239	HOSPITAL DISCHARGE DAY MANAGEMENT; MORE THAN 30 MINUTES	\$94.80	\$94.80	01-May-2004
99241	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE	\$49.67	\$43.39	01-May-2004
99242	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE	\$90.98	\$82.37	01-May-2004



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PROC	DESCRIPTION	NON FAC RATE 2004	FAC RATE 2004	EFF DATE
99243	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE	\$119.86	\$108.76	01-May-2004
99244	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE	\$169.67	\$156.37	01-May-2004
99245	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE	\$219.05	\$203.71	01-May-2004
99251	INITIAL INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQU	\$35.81	\$35.81	01-May-2004
99252	INITIAL INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQU	\$71.61	\$71.61	01-May-2004
99253	INITIAL INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQU	\$97.26	\$97.26	01-May-2004
99254	INITIAL INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQU	\$140.01	\$140.01	01-May-2004
99255	INITIAL INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQU	\$192.53	\$192.53	01-May-2004
99261	FOLLOW-UP INPATIENT CONSULTATION FOR AN ESTABLISHED PATIENT, WHICH REQUIRES	\$22.34	\$22.34	01-May-2004
99262	FOLLOW-UP INPATIENT CONSULTATION FOR AN ESTABLISHED PATIENT WHICH REQUIRES	\$44.68	\$44.68	01-May-2004
99263	FOLLOW-UP INPATIENT CONSULTATION FOR AN ESTABLISHED PATIENT WHICH REQUIRES	\$65.89	\$65.89	01-May-2004
99271	CONFIRMATORY CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES	\$38.51	\$32.82	01-May-2004
99272	CONFIRMATORY CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES	\$64.16	\$56.71	01-May-2004



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99273	CONFIRMATORY CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES	\$87.85	\$78.21	01-May-2004
99274	CONFIRMATORY CONSULTATION FOR A PATIENT, WHICH REQUIRES THESE THREE KEY COM	\$118.73	\$108.22	01-May-2004
99275	CONFIRMATORY CONSULTATION FOR A PATIENT, WHICH REQUIRES THESE THREE KEY COM	\$151.02	\$139.33	01-May-2004
99281	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT,	\$16.42	\$16.42	01-May-2004
99282	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT,	\$27.64	\$27.64	01-May-2004
99283	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT,	\$61.69	\$61.69	01-May-2004
99284	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT,	\$95.67	\$95.67	01-May-2004
99285	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT,	\$149.90	\$149.90	01-May-2004
99288	PHYSICIAN DIRECTION OF EMERGENCY MEDICAL SYSTEMS (EMS) EMERGENCY CARE, ADVA	\$42.00	\$42.00	01-Jun-2000
99291	CRITICAL CARE, EVALUATION AND MANAGEMENT OF THE CRITICALLY ILL OR CRITICALL	\$241.34	\$225.86	01-May-2004
99292	CRITICAL CARE, EVALUATION AND MANAGEMENT OF THE UNSTABLE CRITICALLY ILL OR	\$107.51	\$105.03	01-May-2004
99293	INITIAL INPATIENT PEDIATRIC CRITICAL CARE, 31 DAYS UP THROUGH 24 MONTHS OF	\$811.96	\$811.96	01-May-2004
99294	SUBSEQUENT INPATIENT PEDIATRIC CRITICAL CARE, 31 DAYS UP THROUGH 24 MONTHS	\$400.65	\$400.65	01-May-2004
99295	INITIAL INPATIENT NEONATAL CRITICAL CARE, PER DAY, FOR THE EVALUATION AND M	\$920.26	\$920.26	01-May-2004



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99296	SUBSEQUENT INPATIENT NEONATAL CRITICAL CARE, PER DAY, FOR THE EVALUATION AND	\$402.84	\$402.84	01-May-2004
99298	SUBSEQUENT INTENSIVE CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF THE	\$141.52	\$141.52	01-May-2004
99299	SUBSEQUENT INTENSIVE CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF THE	\$132.92	\$132.92	01-May-2004
99301	EVALUATION AND MANAGEMENT OF A NEW OR ESTABLISHED PATIENT INVOLVING AN ANNU	\$71.31	\$67.36	01-May-2004
99302	EVALUATION AND MANAGEMENT OF A NEW OR ESTABLISHED PATIENT INVOLVING A NURSI	\$97.25	\$91.26	01-May-2004
99303	EVALUATION AND MANAGEMENT OF A NEW OR ESTABLISHED PATIENT INVOLVING A NURSI	\$120.26	\$113.10	01-May-2004
99311	SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMEN	\$40.38	\$36.44	01-May-2004
99312	SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMEN	\$62.70	\$58.17	01-May-2004
99313	SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMEN	\$85.73	\$80.32	01-May-2004
99315	NURSING FACILITY DISCHARGE DAY MANAGEMENT; 30 MINUTES OR LESS	\$69.79	\$64.97	01-May-2004
99316	NURSING FACILITY DISCHARGE DAY MANAGEMENT; 30 MINUTES OR LESS MORE THAN 30	\$91.31	\$85.62	01-May-2004
99321	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW P	\$40.10	\$40.10	01-May-2004
99322	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW P	\$56.14	\$56.14	01-May-2004
99323	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW P	\$69.91	\$69.91	01-May-2004



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99331	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTA	\$34.90	\$34.90	01-May-2004
99332	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTA	\$45.37	\$45.37	01-May-2004
99333	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTA	\$55.40	\$55.40	01-May-2004
99341	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIR	\$57.68	\$57.68	01-May-2004
99342	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIR	\$84.03	\$84.03	01-May-2004
99343	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIR	\$122.70	\$122.70	01-May-2004
99344	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIR	\$161.10	\$161.10	01-May-2004
99345	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIR	\$199.42	\$199.42	01-May-2004
99347	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHI	\$44.25	\$44.25	01-May-2004
99348	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHI	\$75.01	\$75.01	01-May-2004
99349	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHI	\$116.25	\$116.25	01-May-2004
99350	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHI	\$169.14	\$169.14	01-May-2004
99354	PROLONGED PHYSICIAN SERVICE IN THE OFFICE OR OTHER OUTPATIENT SETTING REQUI	\$96.32	\$95.01	01-May-2004
99355	PROLONGED PHYSICIAN SERVICE IN THE OFFICE OR OTHER OUTPATIENT SETTING REQUI	\$95.59	\$93.99	01-May-2004



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99356	PROLONGED PHYSICIAN SERVICE IN THE INPATIENT SETTING, REQUIRING DIRECT (FAC	\$89.34	\$89.34	01-May-2004
99357	PROLONGED PHYSICIAN SERVICE IN THE INPATIENT SETTING, REQUIRING DIRECT (FAC	\$89.70	\$89.70	01-May-2004
99358	PROLONGED EVALUATION AND MANAGEMENT SERVICE BEFORE AND/ OR AFTER DIRECT (FA	BR	BR	01-Jan-1994
99359	PROLONGED EVALUATION AND MANAGEMENT SERVICE BEFORE AND/ OR AFTER DIRECT (FA	BR	BR	01-Jan-1994
99360	PHYSICIAN STANDBY SERVICE, REQUIRING PROLONGED PHYSICIAN ATTENDANCE, EACH 3	BR	BR	01-Jan-1994
99361	MEDICAL CONFERENCE BY A PHYSICIAN WITH INTERDISCIPLINARY TEAM OF HEALTH PRO	\$41.00	\$41.00	01-Jul-2000
99362	MEDICAL CONFERENCE BY A PHYSICIAN WITH INTERDISCIPLINARY TEAM APPROXIMATELY	\$90.00	\$90.00	01-Jul-2000
99371	TELEPHONE CALL BY A PHYSICIAN TO PATIENT OR FOR CONSULTATION OR MEDICAL MAN	BR	BR	01-Jan-1992
99372	TELEPHONE CALL BY A PHYSICIAN TO PATIENT OR FOR CONSULTATION OR MEDICAL MAN	BR	BR	01-Jan-1992
99373	TELEPHONE CALL BY A PHYSICIAN TO PATIENT OR FOR CONSULTATION OR MEDICAL MAN	BR	BR	01-Jan-1992
99374	PHYSICIAN SUPERVISION OF A PATIENT UNDER CARE OF HOME HEALTH AGENCY (PATIEN	\$68.67	\$64.43	01-May-2004
99375	PHYSICIAN SUPERVISION OF A PATIENT UNDER CARE OF HOME HEALTH AGENCY (PATIEN	\$124.04	\$124.04	01-May-2004
99377	PHYSICIAN SUPERVISION OF A HOSPICE PATIENT (PATIENT NOT PRESENT) REQUIRING	\$68.67	\$64.43	01-May-2004



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99378	PHYSICIAN SUPERVISION OF A HOSPICE PATIENT (PATIENT NOT PRESENT) REQUIRING	\$138.28	\$138.28	01-May-2004
99379	PHYSICIAN SUPERVISION OF A NURSING FACILITY PATIENT (PATIENT NOT PRESENT) R	\$68.26	\$68.26	01-May-2004
99380	PHYSICIAN SUPERVISION OF A NURSING FACILITY PATIENT (PATIENT NOT PRESENT) R	\$103.55	\$103.55	01-May-2004
99381	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN I	\$101.24	\$85.90	01-May-2004
99382	INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPR	\$109.05	\$94.15	01-May-2004
99383	INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPR	\$106.86	\$92.84	01-May-2004
99384	INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPR	\$116.17	\$102.15	01-May-2004
99385	INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPR	\$116.17	\$102.15	01-May-2004
99386	INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPR	\$136.58	\$121.68	01-May-2004
99387	INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPR	\$148.05	\$132.27	01-May-2004
99391	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF A	\$76.96	\$67.76	01-May-2004
99392	PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A CO	\$86.27	\$76.92	01-May-2004
99393	PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A CO	\$85.17	\$76.26	01-May-2004



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PROC	DESCRIPTION	NON FAC RATE 2004	FAC RATE 2004	EFF DATE
99394	PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A CO	\$94.08	\$85.17	01-May-2004
99395	PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A CO	\$95.17	\$85.82	01-May-2004
99396	PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A CO	\$105.21	\$95.57	01-May-2004
99397	PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A CO	\$115.95	\$105.73	01-May-2004
99401	PREVENTIVE MEDICINE COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S)	\$40.97	\$34.69	01-May-2004
99402	COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S) PROVIDED TO A HEALT	\$69.17	\$61.87	01-May-2004
99403	COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S) PROVIDED TO A HEALT	\$95.94	\$88.20	01-May-2004
99404	COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S) PROVIDED TO A HEALT	\$123.04	\$114.72	01-May-2004
99411	PREVENTIVE MEDICINE COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S)	\$12.58	\$10.83	01-May-2004
99412	COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S) PROVIDED TO HEALTHY	\$18.87	\$16.68	01-May-2004
99420	ADMINISTRATION AND INTERPRETATION OF HEALTH RISK ASSESSMENT INSTRUMENT (EG,	BR	BR	01-Jan-1992
99429	UNLISTED PREVENTIVE MEDICINE SERVICE	BR	BR	01-Jan-1992



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99431	HISTORY AND EXAMINATION OF THE NORMAL NEWBORN INFANT, INITIATION OF DIAGNOS	\$59.60	\$59.60	01-May-2004
99432	NORMAL NEWBORN CARE IN OTHER THAN HOSPITAL OR BIRTHING ROOM SETTING, INCLUD	\$82.76	\$75.46	01-May-2004
99433	SUBSEQUENT HOSPITAL CARE, FOR THE EVALUATION AND MANAGEMENT OF A NORMAL NEW	\$31.27	\$31.27	01-May-2004
99435	HISTORY AND EXAMINATION OF THE NORMAL NEWBORN INFANT, INCLUDING THE PREPARA	\$76.71	\$76.71	01-May-2004
99436	ATTENDANCE AT DELIVERY (WHEN REQUESTED BY DELIVERING PHYSICIAN) AND INITIAL	\$75.25	\$75.25	01-May-2004
99440	NEWBORN RESUSCITATION: PROVISION OF POSITIVE PRESSURE VENTILATION AND/OR CH	\$149.01	\$149.01	01-May-2004
99456	WORK RELATED OR MEDICAL DISABILITY EXAMINATION BY OTHER THAN THE TREATING P	BR	BR	01-Jan-1995
99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	BR	BR	01-Jan-1992
G0250	PHYSICIAN REV INTERPERTATION OF INR TEST	\$9.32	\$9.32	01-May-2004
G0263	DIRECT ADMISSION OF PATIENT WITH DIAGNOSIS OF CONGESTIVE HEART FAILURE, CHE	BR	BR	01-Jan-2003
G0264	INITIAL NURSING ASSESSMENT OF PATIENT DIRECTLY ADMITTED TO OBSERVATION WITH	BR	BR	01-Jan-2003